

# Montana Mental Health Nursing Care Center Policy Manual

Policy Number
Original Date
Revised
Date
507
05/03/2016

**Department: Nursing** 

**Adverse Drug Events** 

### **POLICY:**

All Nursing staff has the responsibility of reporting, documenting, and monitoring adverse drug events that occur to the residents of the facility.

## **PURPOSE:**

The Montana Mental Health Nursing Care Center provides a mechanism to ensure that adverse drug events are systematically reported and reviewed.

### PROCEDURE:

The MMHNCC encourages reporting errors, adverse drug events, and potential adverse events as a means to assess and improve the medication use process and provide a safe environment for patient care. The purpose of reporting is to learn about their causes and enhance the medication system to reduce the error rate. The focus of the program is quality improvement.

- 1. The Pharmacy Committee meets monthly to review all ADE's with recommendations to prevent further incidents of the same nature.
- 2. An ADE form is to be initiated with each individual event. (Attachment#1)
- 3. The prescribing physician should be notified as soon as possible following identification of the event and assessment of the resident.
- 4. The event should be documented in the resident's medical record with subsequent monitoring as indicated.
- 5. The ADE form should be placed in the Director of Nursing's mailbox.
- 6. The supervisor/DON completes a timely evaluation of the circumstances surrounding the event.

Effective Date: 05/03/2016		Policy Number 507
	Adverse Drug Events	

- 7. A Medication Administration Competency will be completed yearly and on an as needed basis for all Nurses and Medication Aide II's. (Attachment #2)
- 8. The Pharmacist will complete a monthly chart review with recommendations presented to the physicians and psychiatrist in a timely manner.

# **DOCUMENTATION:**

- 1. The nurse will document in patient's medical record the events associated with the ADE to include:
  - A. Signs and symptoms.
  - B. Date and time the physician was notified of the ADE.
  - C. The physician's response/order.